

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M49440 1. Entity Name ADVAN INC.	
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Principal Place of Business 2829 W. BROWARD BLVD. FT. LAUDERDALE FL 33312	Mailing Address 6001 N OCEAN DR SUITE 703 HOLLYWOOD FL 33019
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MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-2795685	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ABBOTT, WAYNE SCOTT 2829 W. BROWARD BLVD. FT. LAUDERDALE FL
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD	
NAME	ABBOTT, WAYNE SCOTT	
STREET ADDRESS	2829 W. BROWARD BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ABBOTT, MYRIAM	
STREET ADDRESS	6001 N OCEAN BLVD SUITE 703	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	1100000027121	
NAME	02/03/04-80032-028 8.75	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1100000027121	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	02/03/04-80032-029 150.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myriam Abbott* *Myriam Abbott* 1/29/04-4745202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR